

# FALL 2008 STORYTIME REGISTRATION FORM

Avon Free Public Library – (860) 673-9712

281 Country Club Road Avon, Ct 06001

7 Week Session Sept. 29 – Nov. 14

(no groups on Mondays Oct. 10<sup>th</sup> or Nov. 10<sup>th</sup>, make-ups will be held 11/17 and 11/24)

<u>Registration Period:</u>	Sept. 2 - 20	Late and non-resident applications will be considered, space permitting. Questions regarding a child entering a class not matching a child's age or enrollment of multiple children, please speak with Mrs. McNulty.
<u>Notification of Acceptance to class</u>	Sept. 22 - 25	Class assignments will be determined following a lottery. Patrons will receive notice by mail or telephone call.

## CLASS INFORMATION

Programs will be held in the Storytime Room upstairs unless noted (\* indicates program in Community Room)

<u>AM CLASSES</u>				<u>PM CLASSES</u>			
Day	Time	Age:	Sit Alone / With Adult	Day	Time	Age:	Sit Alone / With Adult
Monday	10:30 AM	3 - 5	Sit Alone	Monday	1:30 PM	3½ - 4 ½ <small>birthdates between 3/29/04-3/29/05</small>	Sit Alone
Tuesday	9:30 AM	12 - 24 mos. *	With Adult	Tuesday	1:30 PM	NO CLASS	
	10:30 AM	3's	Sit Alone				
Wednesday	10:30 AM	18 - 24 mos. *	With Adult	Wednesday	1:30 PM	4 & 5's	Sit Alone
	10:30 AM	2's	With Adult				
Thursday	10:30 AM	4 & 5's	Sit Alone	Thursday	1:30 PM	NO CLASS	
Friday	10:30 AM	2 ½ - 3 ½	With Adult	Friday	1:30 PM	NO CLASS	
		<small>birthdates between 3/29/05-3/29/06</small>					

## PATRON INFORMATION

Please print legibly **and complete all sections accurately.** Mail, fax (675-6364) or leave application at the library.

Today's Date:			Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Child's Last Name:		First:		Nametag to Read:
Parent's Name:			Person Attending Child:	
Child's Home Street Address:			E-mail address:	
City:	State	Zip Code:	Do you wish to be notified of other library programs <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Child's Full Birth Date:</b>		/ /	<b>Home Phone No.:</b>	( ) --
<b>Exact Age as of Sept. 29th</b>		yrs. mos.	<b>Cell Phone No.:</b>	( ) --
Does your child have any medical conditions (food allergies, etc.?)			<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Do we have your permission to publish any photos we or the media take?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you bringing a sibling to any 2 year old group:			<input type="checkbox"/> Yes <input type="checkbox"/> No	Age?
Were you wait-listed in the spring session (did not get into a group at all?)			<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment:
I don't care which class, my odds are increased if I am flexible:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>My First Choice Class is Listed Below:</b>		<b>My Second Choice Class is:</b>		<b>My Third Choice Class is:</b>

In order to provide a more enjoyable storytime experience for my child, I understand the following requests:

Classes designated as <b><i>sit alone</i></b> are for children only. During storytime adults should remain upstairs. Adults are requested to assist all children during craft time but not remain in craft room during program.	<input type="checkbox"/> Yes
<b>Strollers are not permitted</b> in the storytime or craft rooms because they block fire escapes.	<input type="checkbox"/> Yes
Babies should be in carriers or held on laps at all times, for safety reasons. Silent toys only, please.	<input type="checkbox"/> Yes
<b>Cell phones should be turned off</b> prior to entering the storytime room.	<input type="checkbox"/> Yes
The library should be notified if a child is unable to attend class, to accommodate children on the waiting list.	<input type="checkbox"/> Yes